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LETTER TO THE EDITOR

Characterization of damage in Portuguese lupus patients

Sir,

We read with interest the report 'Characterization of damage in Portuguese lupus patients: analysis of a national lupus registry'[1] and wish to emphasize that the frequency and cumulative damage score present in a lupus patient population is also determined by the type of organ damage.

In the registry study of 976 patients by Gonçalves et al.,[1] the average SDI score was 0.71 ± 1.22 and the frequency of damage was 37.4% after a 17 ± 9.4 year follow-up. This was considered by the authors to be lower in Portuguese patients when compared to other series, namely the University College London Hospital (UCLH) cohort which reported 50% damage at 10 year follow-up[2] and the SLICC cohort, which observed 51% damage at six years follow-up.[3] Of note, in the UCLH cohort, when measured between 15 and 20 years of follow-up, most of the damage accrual occurred in the musculoskeletal system.

A recent retrospective study of our single-centre hospital-based cohort consisting of 98 Portuguese lupus patients, in which every patient was clinically evaluated at the time of study completion, revealed a similar frequency of accrued damage equally measured by SDI values ≥ 1.[4] In comparison, although our cohort comprised a similar frequency of articular disease (approximately 70%), there was a higher frequency of neuropsychiatric (NP) disease (22%) than in the national register (11%). In addition, in our cohort, the patients with damage were enriched for NP disease ($n = 16/22$, 72%) versus non-NP patients ($n = 17/76$, 22%). Our average SDI scores were higher: 2.31 ± 1.25 for the NP and 1.53 ± 0.80 for the non-NP group. This difference was statistically significant ($P = 0,0001$) and was largely due to damage of the neurologic system that occurred in 14 of the 16 NP patients. Both NP and non-NP patients had a similar mean age and disease duration (age: 44 ± 12 and 45 ± 14 years, disease duration: 13 ± 7 and 13 ± 8 years, respectively). SDI scores increased with the duration of the disease in both groups, and were initially 0.44 ± 0.89 for NP and 0 for non-NP patients.

It is well conceivable that Lupus patients with a predominant articular phenotype should have low damage accrual after a long follow-up. However, this is a very heterogeneous disease, and this subset of patients is not representative of the overall population of lupus patients, when other clinical phenotypes are taken into consideration.

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Conflict of interest

The authors have no conflicts of interest to declare.

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